.02/28/07 17:17 FAX 908 298 5405 SCHERING-PLOUGH Ø1003 PART B - FEE(S) TRANSMITTAL Completered send this form, togethe th applicable fee(s), to: Mail Mail Stop IS. Commissioner for Patents FEB 2 8 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriates corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Use Block) for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 24265 7590 11/30/2006 Certificate of Mailing or Transmission SCHERING-PLOUGH CORPORATION I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. PATENT DEPARTMENT (K-6-1, 1990) 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033-0530 Golden (Signature) February (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/645,253 08/21/2003 Thomas A. Moyer SC01604 TITLE OF INVENTION: STABILIZED PHOTOPROTECTIVE COMPOSITION APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE **D**onprovisional NO \$1400 S300 \$0 \$1700 02/28/2007 EXAMINER ART UNIT CLASS-SUBCLASS DODSON, SHELLEY A 1616 424-059000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list _lMatthew J. Golden (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignce data will appear on the palent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE ONLOCKING TRANSPARENCE 00000021 190365 Schering-Plough Healthcare Memphis, Tennessee Products, Inc.

Please check the appropriate assignce category or categories (will not be printed on the patent):

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